COMMISSIONER FOR PATENTS Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450

PATENT APPLICATION Date: September 17, 2003 File No. 3408.68347

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Transmitted herewith for filing is the patent application of

Inventor(s): Miyamoto et al.

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

Date

Express Mail Label No.: EV032734895US

For:

OPTICAL STORAGE APPARATUS AND ABNORMALITY DETECTION METHOD OF DETECTOR EMISSION CONTROL

Enc!	losed	are:
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- 41 ____ pages of specification, including 18 claims and an abstract. (X)
- an executed oath or declaration, with power of attorney. (X)
- an unexecuted oath or declaration, with power of attorney.
- sheet(s) of informal drawing(s). ()
- sheet(s) of formal drawings(s). (X)
- Assignment(s) of the invention to FUJITSU LIMITED and Assignment Cover Sheet. (X)
- A check in the amount of \$40.00 to cover the fee for recording the assignment(s). (X)
- Information Disclosure Statement, Form PTO-1449 and cited references. (X)
- Claim for Priority and Priority Document. (X)

Fee Calculation For Claims As Filed

	a)	Basic Fee									\$ 750.00
	b)	Independent Claims 6	-	3	=	_3	x	\$ 84	.00	=	\$_252.00
	c)	Total Claims <u>18</u>		20	=	0	x	\$ 18	00.8	=	\$
	d)	Fee for Multiple Dependent Claims						\$ 280	0.00	=	\$
						Total Fi	ling	Fee	*		\$ <u>1,002.00</u>
()	Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to							\$			

- A check in the amount of \$1,002.00 to cover the filing fee is enclosed. (X)
- The Commissioner is hereby authorized to charge any additional fees which may be required to this (X) application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

GREER, BURNS & CRAIN, LTD.

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Patrick G. Burns Registration No. 29,367



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	Fee Calculation For Claims As Filed						
	a) Basic Fee		\$ 750.00				
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	c) Total Claims <u>18</u> - 20 =	= <u>0</u> x	\$ 18.00 = \$				
	d) Fee for Multiple Dependent Claims		\$ 280.00 = \$				
		Total Filing	Fee \$ <u>1,002.00</u>				
()	Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$						
(X)	A check in the amount of \$1,002.00 to cover the filing fee is enclosed.						
(X)	The Commissioner is hereby authorized to charge a application under 37 C.F.R. §§1.16-1.17, or credit at A duplicate copy of this sheet is enclosed.	•					
	R	Respectfully sub	omitted,				
Chicag Teleph	outh Wacker Drive – Suite 2500 go, Illinois 60606 one: (312) 360-0080	GREER, BURN	S & CRAIN, LTD.				

Patrick G. Burns

Registration No. 29,367